

**HOMES FOR THE AGED**  
**CERTIFICATE OF APPOINTMENT OF AUTHORIZED REPRESENTATIVE**  
Michigan Department of Human Services  
Bureau of Children and Adult Licensing

**Notice is hereby given to the Michigan Department of Human Services in accordance with administrative rules that:**

Owner of facility (name):	
Has appointed (name):	
Whose social security number is:	Whose date of birth is:

**As the authorized representative for:**

Facility Name:	License #
Address (street, city, zip code)	

Rule 325.1911(3) specifies that the authorized representative is authorized by the owner to:

- a. Submit amendments to the application.
- b. Provide the department with all information necessary in connection with licensure.
- c. Enter into agreements with the department in connection with licensure.
- d. Receive notice and service in matters relating to licensure.

This appointment will remain in effect until written notice of termination and appointment of a new authorized representative is sent to the Michigan Department of Human Services

Signature of Owner/Person with Legal Authority to Act on behalf of Company or Board	Title
Applicant/License Name	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	Authority: 1978 PA 368
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